

## GUARDIANSHIP/CONSERVATORSHIP QUESTIONNAIRE

NAME: _____	REQUEST DATE: _____
PHONE: _____	EMAIL: _____
	DATE NEEDED: _____

### I. BACKGROUND INFORMATION

1. Which action are you seeking?	<input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship																									
2. Petitioner's Name, Address and Telephone Number:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: _____																									
3. List Child(ren) or Incapacitated Person(s) <i>(include middle initial)</i> :	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 45%; text-align: center;"><u>Full Name</u></th> <th style="width: 15%; text-align: center;"><u>Birthdate</u></th> <th style="width: 15%; text-align: center;"><u>Age</u></th> <th style="width: 15%; text-align: center;"><u>Sex</u></th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(2)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(3)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(4)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Full Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>	(1)	_____	_____	_____	_____	(2)	_____	_____	_____	_____	(3)	_____	_____	_____	_____	(4)	_____	_____	_____	_____
	<u>Full Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>																						
(1)	_____	_____	_____	_____																						
(2)	_____	_____	_____	_____																						
(3)	_____	_____	_____	_____																						
(4)	_____	_____	_____	_____																						
4. Relationship to Name(s) above:	_____																									
5. Guardian or Conservator Status?	<input type="checkbox"/> Individual <input type="checkbox"/> Couple																									
6. Guardian(s) or Conservator(s) Name, Address and Telephone Number:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: _____																									
7. Dates in Effect:	Effective Date: _____ Termination Date: _____																									

### II. HEALTH AND EMERGENCY MEDICAL CARE (Answer Each Question Yes or No)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Can make healthcare decisions?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Can sign medical waivers and releases?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Can authorize admission to or discharge from a healthcare institution?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Can authorize consultations with a healthcare provider?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Can consent to the provision or withholding of a health care procedure?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Grant the power to make any additional health and emergency decisions?

## LEGAL DOCUMENT SOLUTIONS

### III. EDUCATION (Answer Each Question Yes or No)

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can enroll in school?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can access academic records?   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can authorize participation in school or extracurricular activities? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can authorize travel related to education?                           |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Grant the power to make any additional education decisions?          |

### IV. TRAVEL (Answer Each Question Yes or No)

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can make domestic travel arrangements?                        |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can make international travel arrangements?                   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can accompany on any trips?                                   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can make any related arrangements such as hotel access, etc.? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Grant the power to make any additional travel decisions?      |

### V. FINANCE AND OTHER **[FOR CONSERVATORSHIP]** (Answer Each Question Yes or No)

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to manage your financial accounts?                     |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to manage your property and assets?                    |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to purchase and maintain insurance on your behalf?     |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to collect debt owed to you?                           |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to enter into contracts on your behalf?                |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to operate any business you may own?                   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to make arrangements to provide for your family?       |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to manage your financial instruments?                  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to employ or contract anyone for your business?        |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to take care of your property or real estate?          |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to deal with all your governmental issues and matters? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to distribute gifts from your assets?                  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to transfer your assets to a trust you created?        |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to decline interest transferred to you?                |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has the authority to manage your digital assets?                         |

**LEGAL DOCUMENT SOLUTIONS**

**V. FINANCE AND OTHER [FOR CONSERVATORSHIP] (Cont'd)**  
**(Answer Each Question Yes or No)**

Yes     No    Grant the power to make any additional finance or other decisions?

Yes     No    Are there any actions that are not authorized to be performed?

**VI. OTHER INFORMATION**

1. Witness 1 Name,  
Address and  
Telephone Number:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

2. Witness 2 Name,  
Address and  
Telephone Number:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

3. Where will Form be  
Notarized:

County: \_\_\_\_\_ State: \_\_\_\_\_

4. Specify any  
additional  
information, pending  
issues or questions?

\_\_\_\_\_